

MAPS – Update & Opportunities

October 26, 2017

Presented by

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MAPS State Appropriations

\$2.47M One-Time Appropriations FY 16-17 - MAPS Replacement/Enhancements	
\$570,000	Appriss Health full-replacement of MAPS
\$1.8M	Statewide Integrations
\$100,000	Break-fixes, additional enhancements

\$1.25M Appropriations for FY 17 – Maintenance, Support, and Staffing	
\$368,868	Advanced NarxCare Training for MAPS Users
\$196,000	Advanced Overdose Risk Analytics for MAPS
\$376,250	Licensing fees and 24/7 Support
\$5,000	BPL Nursing Licensing Platform Integration
\$303,882	BPL Staff Costs, 3.25 FTEs



Federal Grants

\$2.09M Federal Grants for Projects	
\$373,000	BJA Harold Rogers Grant – Category 1: Integrations with MAPS
\$530,000	BJA Harold Rogers Grant – Category 2: Provider Scorecards, Advanced Analytics
\$7,200	BHA Harold Rogers Grant – Category 2: Overdose data overlay report for MAPS
\$500,000	SAMHSA Grant (DHHS): Integrate NarxCare into PMP Aware
\$500,000	SAMHSA Grant (DHHS): NarxCare Outcomes Study
\$184,507	CDC Grant (DHHS): Education and Outreach, Indicator Reports



MAPS Replacement Project

- MAPS replaced with new system software
 - Vendor: Appriss Health's PMP AWARDxE
- 6 month project started in October 2016 – Completed on time and under budget
- Successfully launched and implemented on April 4, 2017
- All users of the old system and new users required to register with MAPS through the PMP AWARDxE software
- Continue to seek feedback from Stakeholders



MAPS Replacement Project

	Old MAPS	New MAPS
Time to Query Reports	5-10 Minutes	0.4 – 0.7 Seconds
Registered Prescribers & Pharmacists	27,614	23,560
Registered Delegate Users	N/A	3,857
Staffing	13 FTEs	3.25 FTEs
Replacement	\$1 - \$2M plus (estimated)	\$570,000 (actual)



MAPS Projects – Phase II Enhancements

- BJA – Harold Rogers Category 1 grant to pilot integrations
- BJA – Harold Rogers Category 2 grant to create provider scorecards and Clinical Alerts
 - First round of provider scorecards sent 8/9/17
 - Second round of provider scorecards sent 10/10/17
- DHHS – CDC grant to create de-identified indicator reports
- Integration with new licensing platform
- Statewide integrations with EMR and Pharmacy Dispensation Systems



MAPS Integrations

- BJA Category 1 grant: \$373,000
 - Pilot 5 EHR/EMR vendors integrations, including emergency room, acute care, and ambulatory settings
 - Pilot 5 pharmacy dispensation system integrations of pharmacy chains
- State Appropriations: \$1.8M
- Have sent flyers to already-setup vendors, hospitals and health systems, and pharmacy members
- Integrations outside of project (not included in table below): Kroger Pharmacies, PCE, Marshfield Clinic (Wisconsin)

	In-Production	Pending Production (In discussion and received request or in testing)
Health System	-	4
Hospital	-	6
Physician's Office	1	22
Pharmacy (single or chain system)	4	3
TOTAL	5	34
TOTAL HEALTHCARE PROF	20	10,301



MAPS – NarxCare Integrations

Generic
Electronic Health
Record

Stephanie Marshall		List	Recent	Search
Acct Number: 1836593821 MRN: #324561 Bed: 10		DOB: 2/16/1959 Gender: M Code: Full Code	Immunizations: None Allergies: aspirin, latex, peanuts Adv Directive: Yes	Narx: Nar 301, Sed 240, Stim 000, Ovd 180 Fall Risk Score: 6 Attending: Dr. Goodall
Chart Summary	Chart Summary			
Procedures and Diagnoses	Anticipated Discharge Date –	NarxCare:		
Allergies	Reason for Visit	Narcotic	301	Show Report
Mar	Fall, hip pain	Sedative	240	
Results	Advance Directive-	Stimulant	000	
Power Note	Yes – 03/23/09	Overdose	180	
Orders	Code Status	Blood Type –		
Form Browser	Full Code	Fall Risk Score –	Skin Integrity Risk Score –	
Patient Information	Allergies	6 (conley)	Lab Pregnancy Status	
Immunization Schedule	Aspirin	Pain Scale	N/A	
Reference Text Browser	Latex	5	Immunizations	
Problems and Diagnoses	Peanuts	Pain Location	None	
Consults	March 25, 2016 7:00 AM CDT			
	Vital Signs	Note Writer		
	Oxygen Therapy			
	Pain Assessment Detail			
	General			
	CV Assessment			
	Edema Assessment			
	Respiratory Assessment			
	Nursing Notes			
	Note Writer			
	PE Elements			



MAPS - NarxCare Report

Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

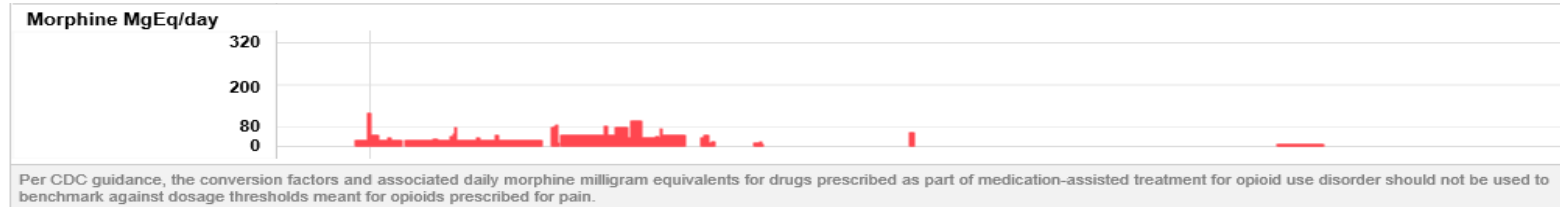
Communications Messages: 0 Care Notes: 0 [Add Note](#)

Risk Indicators

<p>Narx Scores</p> <p>Narcotic 633</p> <p>Sedative 280</p> <p>Stimulant 000</p> <p>Explain these scores</p>	<p>Overdose Risk Score</p> <p>590 (range 0-999)</p> <p>Explain the overdose risk score</p>	<p>Red Flags (2)</p> <ul style="list-style-type: none"> >= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years >= 5 opioid or sedative providers in any year in the last 2 years <p>Explain these red flags</p>
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MAPS – NarxCare Report (continued)



Rx Data											
Prescriptions											
Total Prescriptions: 34 Active MME: 900.00 Active MME/day: 116.43 30 Day Avg. MME/day: 26.05											
Fill Date	Drug	Qty	Days	Prescriber	Pharmacy	Refill	MgEq	MgEq/Day	Pymt Type	PMP	
07/16/2017	OXYCODONE-ACETAMINOPHEN 5-325	20	2	Ma Fis	CVS	0	150.00	75.00	Commercial PBM	OH	
07/11/2017	OXYCODONE-ACETAMINOPHEN 5-325	20	7	Ma Fis	Wall D	0	150.00	21.43	Medicaid	OH	
07/03/2017	MORPHINE 4 MG/ML SYRINGE	1	2	Je Rya	Wall D	1	12.00	6.00	Medicaid	OH	
07/03/2017	MORPHINE 2 MG/ML SYRINGE	1	2	Je Rya	Wall D	1	6.00	3.00	Medicaid	OH	
06/26/2017	HYDROCODON-ACETAMINOPHN 10-325	60	30	Jo Rya	CVS	0	600.00	20.00	Commercial PBM	OH	
06/04/2017	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ar Lan	Wall D	1	5.00	2.50	Medicaid	OH	
06/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ar Lan	Wall D	1	5.00	2.50	Medicaid	OH	
05/25/2017	HYDROCODON-ACETAMINOPHN 10-325	60	30	Jo Rya	CVS	0	600.00	20.00	Commercial PBM	OH	
05/23/2017	HYDROCODON-ACETAMINOPHEN 5-325	10	3	Be Ken	Wall D	0	50.00	16.67	Commercial PBM	OH	
05/22/2017	HYDROCODON-ACETAMINOPHEN 5-325	8	1	Ra Ray	CVS	0	40.00	40.00	Commercial PBM	OH	
05/22/2017	DEMEROL 75 MG/ML SYRINGE	1	2	Ra Ray	Wall D	1	22.50	11.25	Medicaid	OH	
05/07/2017	DEMEROL 50 MG/ML SYRINGE	1	2	Je Ram	Wall D	1	15.00	7.50	Medicaid	OH	
04/25/2017	HYDROCODON-ACETAMINOPHN 10-325	60	30	Jo Rya	CVS	0	600.00	20.00	Commercial PBM	OH	
03/28/2017	HYDROCODON-ACETAMINOPHN 10-325	60	30	Jo Rya	CVS	0	600.00	20.00	Commercial PBM	OH	
03/18/2017	HYDROCODON-ACETAMINOPHN 10-325	28	4	Ge Jen	CVS	0	280.00	70.00	Commercial PBM	OH	
03/18/2017	HYDROCODON-ACETAMINOPHEN 5-325	2	2	No Haw	Wall D	1	10.00	5.00	Medicaid	OH	
03/17/2017	MORPHINE 2 MG/ML SYRINGE	1	2	No Haw	Wall D	1	6.00	3.00	Medicaid	OH	
03/17/2017	MORPHINE 2 MG/ML SYRINGE	1	2	No Haw	Wall D	1	6.00	3.00	Medicaid	OH	
02/14/2017	HYDROCODON-ACETAMINOPHN 10-325	120	30	Jo Rya	CVS	0	1,200.00	40.00	Medicaid	OH	
02/01/2017	HYDROCODON-ACETAMINOPHN 10-325	60	15	Jo Rya	CVS	0	600.00	40.00	Medicaid	OH	



MAPS – NarxCare Report (continued)

02/01/2017	HYDROCODON-ACETAMINOPHN 10-325	60	15	Jo Rya	CVS	0	600.00	40.00	Medicaid	OH
01/23/2017	OXYCODONE-ACETAMINOPHEN 5-325	60	7	Ma Fis	CVS	0	450.00	64.29	Medicaid	OH
01/12/2017	MORPHINE 2 MG/ML SYRINGE	1	30	No Haw	Wall D	1	6.00	0.20	Private Pay	OH
01/12/2017	MORPHINE 4 MG/ML SYRINGE	1	2	No Haw	Wall D	1	12.00	6.00	Private Pay	OH
01/10/2017	OXYCODONE-ACETAMINOPHEN 5-325	120	30	Jo Rya	CVS	0	900.00	30.00	Commercial PBM	OH
01/07/2017	DEMEROL 25 MG/ML SYRINGE	1	2	Ja Kin	Wall D	1	7.50	3.75	Private Pay	OH
01/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	CVS	0	300.00	37.50	Medicaid	OH
12/26/2016	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	Wall D	0	300.00	37.50	Commercial PBM	OH
12/11/2016	HYDROCODON-ACETAMINOPHEN 5-325	28	5	He Hol	CVS	0	140.00	28.00	Private Pay	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	14	7	Pa Mar	CVS	0	70.00	10.00	Commercial PBM	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	2	2	Pa Mar	Wall D	1	10.00	5.00	Private Pay	OH
11/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	10	5	Pa Mar	CVS	0	50.00	10.00	Private Pay	OH
11/06/2016	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ru Har	Wall D	1	5.00	2.50	Private Pay	OH
08/01/2016	OXYCODONE-ACETAMINOPHEN 5-325	20	3	Br Fer	Wall D	0	150.00	50.00	Commercial PBM	OH
11/12/2015	MORPHINE 2 MG/ML SYRINGE	1	30	Pa Mar	Wall D	1	6.00	0.20	Private Pay	OH

Providers		Total Providers: 15								
Name	Address	City	State	Zipcode	DEA					
Fernandez, Bruce	4367 Pleasant Crossing	Five Points	OH	44262-6811	234853					
Fisher, Marie	7175 Cozy Rabbit Vista	Anderson Ferry	OH	43622-1298	234756					
Harris, Ruth	2003 Stony Nectar Cove	Kingsleys Corners	OH	45983-3673	234843					
Hawkins, Norma	6763 Emerald Robin Parkway	Apple Grove	OH	45273-0588	234852					
Holmes, Helen	8869 Burning Fox Impasse	Bayer Trailer Court	OH	45202-9797	234841					
Jenkins, Gerald	9393 Lost Field	Maple	OH	43654-8273	234851					
Kennedy, Beverly	3099 Umber Pathway	Damascus	OH	44609-5908	234847					
King, James	3355 Rustic Cloud Wynd	Yankee Crossing	OH	45430-6188	234845					
Lane, Arthur	2331 Cozy Port	Holiday City	OH	45620-5987	234844					
Martin, Patricia	7600 Shady Hickory Stead	Fort Jennings	OH	44170-2847	234850					
Nichols, Jason	9093 Hidden Pioneer Lookout	East Gardens	OH	43321-4331	234848					
Ramos, Jesse	9166 Bright Pond Crescent	Belmore	OH	45970-9899	234840					
Ray, Ralph	1467 Little View Townline	West Akron	OH	43739-7351	234849					
Ryan, Jerry	163 Sleepy Edge	Oakthorpe	OH	44740-5125	234846					
Ryan, Jonathan	9892 Silent Elk Ramp	Sites Lake Cottage Area	OH	44502-5801	234842					



MAPS – NarxCare Report (continued)

Pharmacies		Total Pharmacies: 6									
Name	◆	Address	◆	City	◆	State	◆	Zipcode	◆	DEA	◆
CVS		5483 Gentle Impasse		Home Park		OH		43242-6009		345796	
CVS		7139 High Pond Walk		Randolph Landing		OH		45487-2143		345840	
Wall Drug		3799 Foggy Dale		Herner Corners		OH		45658-6817		345841	
Wall Drug		4543 Iron Carrefour		Powers		OH		43803-2784		345839	
Wall Drug		5639 Cotton Dale Close		Cedar Springs		OH		43423-4846		345842	
Wall Drug		8129 Easy Dell		Antiquity		OH		45300-0810		345843	

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MAPS – NarxCare Resources



Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Access to Treatment

Rapidly find the 30 closest MAT providers for this patient.
The patient's zip code is pre-populated if available.
 More information [here](#)

Step 1 Enter the zip code to center the search around

Step 2 Click submit and print form

First	Last	Deg.	Address	City	Cou
Dr. David	Beane	M.D.	1338 Colegate Drive Suite B	Marietta	West Coun
Dr. Rakeshkumar	Kaneria	M.D.	7760 West VOA Park Drive Suite G	West Chester	Butle Coun
Dr. J.	Strafford	M.D., MPH	1081 Bernard Road	New Vienna	Clint Coun
Dr. Ramalingam	Selvarajah	M.D.	1649 Brice	Reynoldsburg	Franklin Coun

Educational Resources

Click the associated link and print. More information [here](#)

What You Need to Know

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate to severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to talk with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. In some countries, 1 in 4 people who use prescription opioids for pain develop an addiction. The use of prescription opioids can have a number of side effects, including:

- Nausea, vomiting, constipation, drowsiness, and blurred vision
- Dizziness, lightheadedness, and feeling faint
- Slowed breathing, especially when sleeping
- Increased risk of falls and injuries
- Constipation
- Respiratory depression, which can lead to death
- Dependence and withdrawal symptoms
- Risk of overdose and death
- Risk of addiction
- Risk of misuse, especially in children

RISKS ARE GREATER WITH:

- Higher doses of opioids
- Longer duration of use
- Combining opioids with alcohol, benzodiazepines, or other sedating medications
- Having a history of substance use disorder
- Having a history of mental health conditions
- Taking opioids with other pain relievers
- Taking opioids with other medications
- Taking opioids with food or drink
- Taking opioids with grapefruit or grapefruit juice
- Taking opioids with certain fruits and vegetables
- Taking opioids with certain herbs and supplements
- Taking opioids with certain vitamins and minerals
- Taking opioids with certain over-the-counter medications
- Taking opioids with certain prescription medications
- Taking opioids with certain medical conditions
- Taking opioids with certain genetic factors
- Taking opioids with certain environmental factors
- Taking opioids with certain social factors
- Taking opioids with certain cultural factors
- Taking opioids with certain religious factors
- Taking opioids with certain ethical factors
- Taking opioids with certain legal factors
- Taking opioids with certain economic factors
- Taking opioids with certain political factors
- Taking opioids with certain technological factors
- Taking opioids with certain scientific factors
- Taking opioids with certain historical factors
- Taking opioids with certain geographical factors
- Taking opioids with certain demographic factors
- Taking opioids with certain psychographic factors
- Taking opioids with certain behavioral factors
- Taking opioids with certain attitudinal factors
- Taking opioids with certain value factors
- Taking opioids with certain belief factors
- Taking opioids with certain opinion factors
- Taking opioids with certain preference factors
- Taking opioids with certain interest factors
- Taking opioids with certain skill factors
- Taking opioids with certain knowledge factors
- Taking opioids with certain understanding factors
- Taking opioids with certain wisdom factors
- Taking opioids with certain character factors
- Taking opioids with certain personality factors
- Taking opioids with certain temperament factors
- Taking opioids with certain disposition factors
- Taking opioids with certain nature factors
- Taking opioids with certain nurture factors
- Taking opioids with certain environment factors
- Taking opioids with certain culture factors
- Taking opioids with certain society factors
- Taking opioids with certain community factors
- Taking opioids with certain nation factors
- Taking opioids with certain world factors
- Taking opioids with certain universe factors
- Taking opioids with certain everything factors
- Taking opioids with certain nothing factors
- Taking opioids with certain someone factors
- Taking opioids with certain no one factors
- Taking opioids with certain anybody factors
- Taking opioids with certain somebody factors
- Taking opioids with certain everyone factors
- Taking opioids with certain no one factors
- Taking opioids with certain anybody factors
- Taking opioids with certain everybody factors
- Taking opioids with certain no one factors
- Taking opioids with certain anybody factors
- Taking opioids with certain everybody factors

1 in 4 PEOPLE who use prescription opioids for pain develop an addiction.

4.3 million people in the United States are addicted to prescription opioids.

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Opioids and Chronic Pain

PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

EXERCISING PRESCRIPTION OPIOIDS

Opoids are not addictive. However, they can be used to manage chronic pain. It is important to talk with your health care provider to make sure you are getting the safest, most effective care.

1 in 4 people who use prescription opioids for pain develop an addiction.

4.3 million people in the United States are addicted to prescription opioids.

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Pregnancy and Opioids

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are used to help relieve moderate to severe pain. They can be used safely during pregnancy, but there are some risks.

ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?

Opioid pain medications can be used safely during pregnancy, but there are some risks. It is important to talk with your health care provider to make sure you are getting the safest, most effective care.

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MAPS – NarxCare Resources

Pocket Guide: Tapering

POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN*

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



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Nonopioid Treatments

NONOPIOID TREATMENTS FOR CHRONIC PAIN

PRINCIPLES OF CHRONIC PAIN TREATMENT

Patients with non-chronic pain treatment that provides the greatest benefit. There are not the same for chronic pain treatment. The goal of chronic pain treatment is to reduce pain and improve function. This is done through a combination of non-pharmacologic and pharmacologic treatments. Non-pharmacologic treatments include physical therapy, cognitive behavioral therapy, and self-management strategies. Pharmacologic treatments include non-opioid analgesics, antidepressants, and anticonvulsants. The goal of chronic pain treatment is to reduce pain and improve function. This is done through a combination of non-pharmacologic and pharmacologic treatments. Non-pharmacologic treatments include physical therapy, cognitive behavioral therapy, and self-management strategies. Pharmacologic treatments include non-opioid analgesics, antidepressants, and anticonvulsants.

Medication	Indication	Comments
Acetaminophen	Pain relief	First-line analgesic for mild to moderate pain.
NSAIDs	Pain relief	Effective for moderate to severe pain, but carry risks of GI and renal side effects.
Antidepressants	Chronic pain	Can help with pain and mood. Tricyclic antidepressants (TCAs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly used.
Anticonvulsants	Chronic pain	Used for neuropathic pain. Gabapentin and pregabalin are common choices.

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Fact Sheet

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's Guideline for Prescribing Opioids for Chronic Pain is intended to assist practitioners in making decisions about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The guideline is not intended to restrict access to or the quality of care for patients who are in need of this care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1. **Establishing therapy and assessing development of risks**
 Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.
2. **Re-evaluating therapy and assessing development of risks**
 Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.
3. **Re-evaluating therapy and assessing development of risks**
 Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.

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Assessing Benefits and Harms

ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY

THE EPIDEMIC

The opioid epidemic is a public health crisis that has led to a significant increase in overdose deaths. The epidemic is driven by a combination of factors, including increased availability of opioids, increased use of opioids, and increased tolerance to opioids. The epidemic is a public health crisis that has led to a significant increase in overdose deaths. The epidemic is driven by a combination of factors, including increased availability of opioids, increased use of opioids, and increased tolerance to opioids.

GUIDANCE FOR OPIOID PRESCRIBING

Practitioners should consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Practitioners should consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.

ASSESS BENEFITS OF OPIOID THERAPY

Benefits of opioid therapy include pain relief, improved function, and improved quality of life. Benefits of opioid therapy include pain relief, improved function, and improved quality of life.

165,000

Estimated number of people who are currently taking opioids for chronic pain.

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Checklist *

Checklist for prescribing opioids for chronic pain

WHEN CONSIDERING LONG-TERM OPIOID THERAPY

Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.

RECOMMENDING WITHDRAWAL OPIOID THERAPY

Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Consider the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.

WHEN REASSESSING AT LATER DATES

Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy. Re-evaluate the risks and benefits of opioid therapy for each patient and consider the risks and benefits of non-opioid therapy.

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Calculating Dosage

CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

Higher Dosage, Higher Risk.

Higher dosages of opioids are associated with a higher risk of overdose and death. Higher dosages of opioids are associated with a higher risk of overdose and death.

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSE OF OPIOIDS?

Patients prescribed higher total daily doses are at higher risk of overdose and death. Patients prescribed higher total daily doses are at higher risk of overdose and death.

HOW MUCH IS SO OR SO BARELY FOR COMMONLY PRESCRIBED OPIOIDS?

For Oxycodone: 2x the total daily dose is considered high risk.

For Hydrocodone: 2x the total daily dose is considered high risk.

For Morphine: 2x the total daily dose is considered high risk.

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CUSTOMER DRIVEN. BUSINESS MINDED.

Provider Scorecard



MICHIGAN AUTOMATED PRESCRIPTION SYSTEM PDMP Prescriber Report



DATE: 7/31/2017

DATE COVERED BY THIS REPORT: 01/01/2017 - 06/30/2017

NAME: Jane Prescriber

DEA#: MP1234567

ROLE: Nurse Practitioner

SPECIALTY: Pain Management

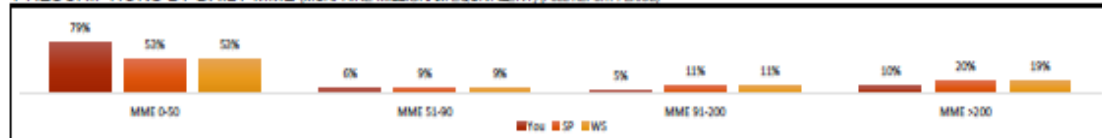
MEMBER NUMBERS IN YOUR PEER GROUPS: SIMILAR PRESCRIBER (SP): 81 WITHIN YOUR SPECIALTY (WS): 98

NUMBER OF PERSONS FOR WHICH YOU PRESCRIBED OPIOIDS (MONTHLY AVERAGE)			NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)		
21	7	7	150	13	14
You	Similar Prescriber (SP)	Within your Specialty (WS)	You	Similar Prescriber (SP)	Within your Specialty (WS)

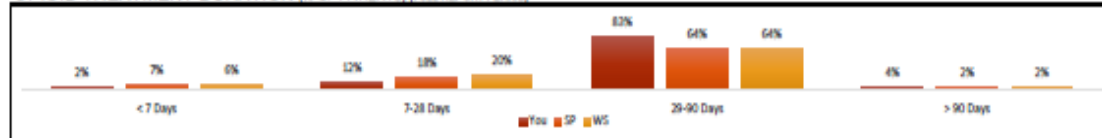
TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)

DEXTROMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ACETAMINOPHEN WITH CODEINE PHOSPHATE
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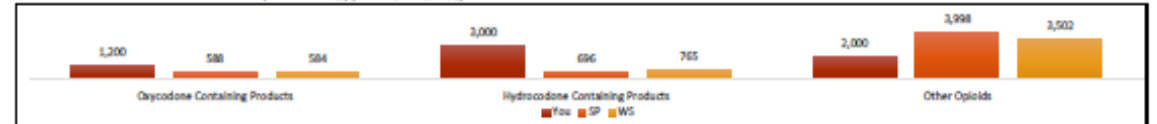
PRESCRIPTIONS BY DAILY MME (MORPHINE MILLIGRAM EQUIVALENT) (FULL REPORT PERIOD)



OPIOID TREATMENT DURATION (% OF PATIENTS) (FULL REPORT PERIOD)



PRESCRIPTION VOLUMES (TOTAL MME) (MONTHLY AVERAGE)



ANXIOLYTIC / SEDATIVE / HYPNOTIC PRESCRIBING (MONTHLY AVERAGE)



PDMP USAGE (MONTHLY AVERAGE)

PDMP REQUESTS BY YOU	5	PDMP REQUESTS BY YOUR DELEGATE(S)	0	SIMILAR PRESCRIBER AVERAGE	4	SPECIALTY FIELD AVERAGE	3
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PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS (FULL REPORT PERIOD)

PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	15	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD	10
--	----	--	----

DANGEROUS COMBINATION THERAPY

PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH	20	PRESCRIPTIONS FOR OPIOID + BENZO + CARISOPRODOL IN SAME MONTH	5
BY YOU	30	BY YOU	7
BY YOU + OTHER PRESCRIBERS		BY YOU + OTHER PRESCRIBERS	



Provider Scorecard Metrics

- Registered users will receive by email if at least one opioid has been prescribed during 6 months
- Monthly averages
- Comparison to peers by – specialty and specialty/role
- Number of opioid prescriptions written
- Top medications prescribed
- PDMP usage
- Patients exceeding multiple provider thresholds
- Dangerous combination therapies (ex: opioid/benzodiazepine, opioid/benzodiazepine/carisoprodol)



Clinical Alerts

Home RxSearch User Profile Help Log Out

Home Dashboard Announcements

My Dashboard

Patient Alerts

Patient Full Name	DOB	Alert Date	Alert Letter
JOHN DOE	01/01/1900	10/12/2015	PDF
JOHNNY DOE	01/01/1900	10/12/2015	PDF
NEW BOB TESTPATIENT	01/01/1900	10/12/2015	PDF
BOB TESTPATIENT	01/01/1900	08/13/2015	PDF
JOHN DOE	01/01/1900	08/11/2015	PDF

Patient Report [Refine Search](#)

Report Prepared: 07/17/2017

Date Range: 04/01/2017-04/01/2017



▼ JOE BENZ-OPIOID

Linked Records

Name	DOB	ID	Gender	Address
JOE BENZ-OPIOID	01/01/1900	1	unknown	555 FAKE DR BURLINGTON VT 05001

Report Criteria

First Name	Last Name	DOB	ZIP Code	City	State
JOE	BENZ-OPIOID	01/01/1900	05001	BURLINGTON	VT

▼ ⚠ Concurrent Opioid and Benzodiazepine

04/23/2017

Please note that this person has received controlled substances prescriptions for both an Opioid and a Benzodiazepine within the same time period.

PATIENT THRESHOLD	ALERT THRESHOLD
OXYCONTIN 80 MG TABLET / ALPRAZOLAM 2 MG TABLET	Opioid and Benzodiazepine

test testing



Clinical Alerts

- Prescriber must be registered to MAPS to receive alerts.
- Alerts will appear on user's dashboard. A notification will also be emailed, indicating there is a new alert available.
- Only the prescribers who have prescribed to that patient will receive alerts.
- Patient name on dashboard is a hyperlink; allows prescriber to review the prescriptions that triggered the alert (not the entire patient MAPS report).
- Alerts include:
 - Patients receiving concurrent opioid and benzodiazepine within same time period
 - Patients who meet or exceed prescriber and dispenser thresholds within a set time-frame (Ex: patient sees 5 or more prescribers and 5 or more dispensers in 6 months)
 - Patients who meet or exceed set daily Morphine Milligram Equivalents (MMEs)



Thank You & Questions?

Special THANK YOU goes to all our Appropriators and Legislators for partnering with Governor Snyder, Lt. Governor Calley and LARA in supporting our efforts to fully replace MAPS as we continue to make it a more robust preventative tool for providers to use in the fight against the Opioid Epidemic. LARA also thanks our Boards, Law Enforcement, and Health Care Associations for being engaged and involved Stakeholders.

